

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 553250

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4						
5						
6						
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		7				
15		7				
16		7				
17		7				
18		7				
19		7				
20		1				
21		1				
22		1				
23		1				
24		4				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		6				
32	1					
33	1					
34	1					
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37	1					
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48						
49						
50						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		4		↓		↓
TOTAL DEP.		80	←		←	←
TOTAL CLAIMS		84				